

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 09/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445380	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/19/2012
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF HIXSON			STREET ADDRESS, CITY, STATE, ZIP CODE 5798 HIXSON HOME PLACE HIXSON, TN 37343		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, facility policy review, and interview the facility failed to assure consistent dialysis care for one resident # 95 of thirty-four residents reviewed in stage 2.</p> <p>The findings revealed:</p> <p>Resident #95 was admitted to the facility on August 18, 2009, with diagnosis including Chronic Kidney Disease, Diabetes Mellitus, and Anemia.</p> <p>Record review of the resident care plan dated August 20, 2012, revealed "...Dialysis 3 (three) times a week..." Medical record review of the facility PRE/POST Dialysis Checklist (including vital signs before and after transport, monitor shunt site, and weight before and after dialysis) dated from May 5, 2012 to September 14, 2012, revealed the pre and post dialysis checklist was only completed five times.</p> <p>Record review of the facility Dialysis policy revealed, "...the dialysis resident shall receive consistent care pre and post-dialysis..."</p>	F 309	<p>This plan of correction is submitted and required under Federal and State regulations and statutes applicable to long term care providers. The plan of correction does not constitute an admission of liability on the part of the facility and such liability is hereby specifically denied. The submission of this plan of correction does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited is correctly applied.</p> <p>F309</p> <ol style="list-style-type: none"> 1. Resident #95 received nursing assessment pre and post dialysis on September 22, 2012 2. Other residents receiving dialysis were reviewed by the nursing staff and assessments completed as required. 		10/19/2012
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>J Masingle</i>			TITLE Executive Director		(X6) DATE 9/28/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	Continued From page 1 Interview on September 19, 2012, at 10:10 a.m., at the 300 hall nurse's station, with the Director of Nursing and Nurse Consultant #2 confirmed the facility failed to provide consistent pre and post dialysis care for resident #95.	F 309	3. The Staff Development Coordinator conducted an educational in-service to the nursing staff regarding the importance of providing pre and post assessments to residents receiving dialysis. The Director of Nursing or designee will conduct random audits of dialysis pre and post checklists at least three times a week for four weeks, then at least weekly for three months to ensure continued compliance.	10/19/2012	
F 500 SS=D	483.75(h) OUTSIDE PROFESSIONAL RESOURCES-ARRANGE/AGRMNT If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility must have that service furnished to residents by a person or agency outside the facility under an arrangement described in section 1861(w) of the Act or an agreement described in paragraph (h) (2) of this section. Arrangements as described in section 1861(w) of the Act or agreements pertaining to services furnished by outside resources must specify in writing that the facility assumes responsibility for obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and the timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to assure communication between the facility and the dialysis center for one resident #95 of thirty-four residents reviewed in stage 2. The findings revealed: Resident #95 was admitted to the facility on	F 500	4. The Director of Nursing will report pre and post dialysis checklist audits monthly to the Quality Assurance Committee for 3 months. The Executive Director will monitor this process monthly to ensure continued compliance. F500 1. Facility received the Dialysis Information Transfer form for resident #95 on September 22, 2012. 2. The nursing administration staff inspected other residents receiving dialysis care and the Information Transfer forms are being completed.		

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F 500	Continued From page 2 August 18, 2009, with diagnosis including Chronic Kidney Disease, Diabetes Mellitus, and Anemia. Record review of the resident care plan dated August 20, 2012, revealed "...Dialysis 3 (three) times a week..." Medical record review revealed only six Dialysis Information Transfer Forms provided by the dialysis center in the last four months. Interview on September 18, 2012, at 3:03 p.m., with Charge Nurse #1 and Charge Nurse #2, at the 100 hall nurse's desk revealed the dialysis center does not always send information back to the facility. Interview on September 18, 2012, at 3:31 p.m., with the Director of Nursing and Nurse Consultant #1, in the facility conference room, confirmed the facility failed to ensure communication with the dialysis center.	F 500	3. The Staff Development Coordinator conducted an educational in-service to the nursing staff regarding the importance of receiving the Dialysis Information Transfer forms from the dialysis center. Executive director educated the administrator of the Dialysis Clinic Inc. on the importance of sending the form to the facility. The Director of Nursing or designee will conduct random Dialysis Information Transfer Form audits at least three times a week for four weeks, then weekly for three months to ensure continued compliance.		
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.	F 514	4. The Director of Nursing will report Dialysis Information Transfer form audits monthly to the Quality Assurance Committee for three months. The Executive Director will monitor this process monthly to ensure continued compliance. F514 1. Resident #126 was discharged from the facility on June 25, 2012. 2. All other residents receiving PRN controlled substances were audited by the nursing administration staff and all are in compliance.	10/19/2012	

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F 514	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to ensure an accurate medical record for one (#126) of thirty-four residents reviewed in stage 2.</p> <p>The findings included:</p> <p>Resident #126 was admitted to the facility on April 27, 2012, with diagnoses including Congestive Heart Failure, Atrial Fibrillation, Hypertension, and was discharged from the facility on June 26, 2012.</p> <p>Medical record review of the Controlled Substance Record dated April 28, 2012, revealed Hydrocodone/Acetaminophen 5 mg (milligram) 325 mg one tablet was initialed as administered on April 28, 2012, at 9:45 p.m.</p> <p>Medical record review of the Medication Administration Record dated April 28, 2012, revealed no initials indicating the Hydrocodone/Acetaminophen 5 mg/325 mg tablet had been administered to the resident on April 28, 2012.</p> <p>Medical record review of the Controlled Substance Record dated April 29, 2012, revealed Diazepam 2 mg tablet was initialed as administered on May 2, 2012, at 10:00 p.m.</p> <p>Medical record review of the Medication Administration Record dated May 2, 2012, revealed no initials indicating the Diazepam 2 mg tablet had been administered to the resident on</p>		F 514	<p>3. The Staff Development Coordinator conducted an educational in-service to the nurses regarding the importance of initialing medication administration records when administering medications. The Director of Nursing or designee will conduct random audits at least three times a week for four weeks of medication administration records, then weekly for three months to ensure continued compliance.</p> <p>4. The Director of Nursing will report findings to the Quality Assurance Committee for three months. The Executive Director will monitor this process monthly to ensure continued compliance.</p>	

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F 514	Continued From page 4 May 2, 2012. Interview on September 19, 2012, at 9:25 a.m., with Licensed Practical Nurse (LPN) #1, at the nursing station, confirmed LPN #1 failed to document the administration of the medication on the Medication Administration Record.		F 514		